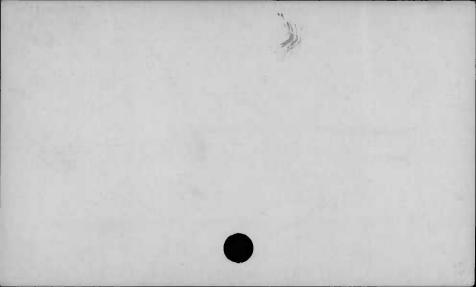
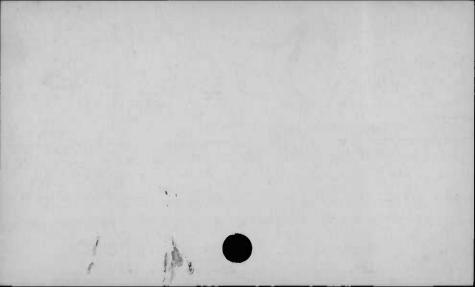
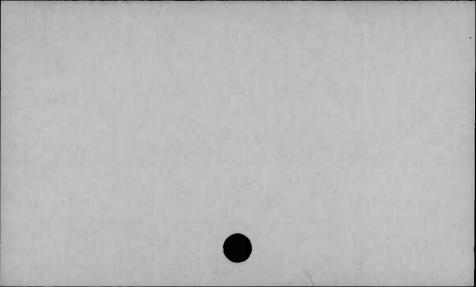
Name in Full Certificate of Death Died at Native of Date 1902 Married Willow Single Widowor Number of children living Father's Name Cause of Immediate Accident, Suiside, Hamisida Death Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



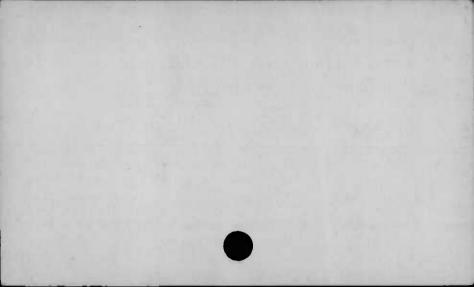
Certificate of Death Name in Full Occupation Husband of Wife Father's Accident, Suicide, Homicide Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



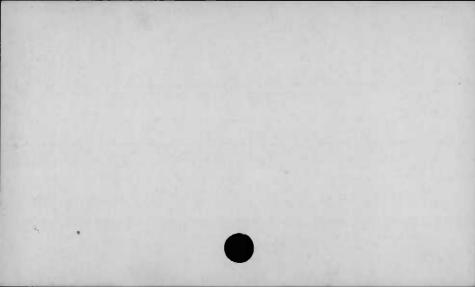
Name in Full Certificate of Death Widows Divorced_ Female Colored Widower Number of children living Single Husband Wife Father's Name Cause of Primary Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY



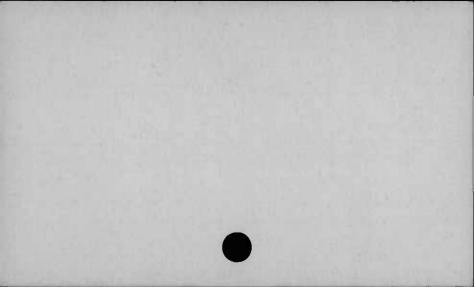
Name in Full Certificate of Death mary & C MARYLAND Married Widow Single Widowar Number of children living How long sick Cause of Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



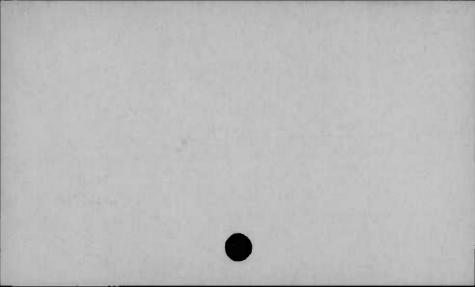
Name in Full Certificate of Death Moula Died at Occupation Date 1907 Married -Divorced Female Widowe Number of children living Wife Father's Name Cause of Death Accident, Suicide, Hemicide, Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death Gumell Rachael Bealrice Town Rushville Died at Date 1932 . 2.21 Female Husband maurice Lumell Maiden Name Isabelle Father's Primary Miliary Suberculosis 2. months Death Immediate Whooping cough - astheria Accident, Suicide, Hornfeide Reported by Schar It, Nouve In J. Varnessown 2 full co. Mid. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79898



Name in Ful! Certificate of Death MARYLAND Native of Occupation Month Date 139 White Married Widow Divorced Number of children living Female Single Widower Husband of Wife Father's Mother's Name Name Cause of Death Immediate Reported by Address. Must be signed by physician, if any in attendance, otherwise by corner, undertaker or minister. EIBPARY BUREAU, 66968



Name In Full Certificate of Death Number of children living Female Husband Wife Father's How long sick Cause of Accident, Juicide, Homicide Death Immediate Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

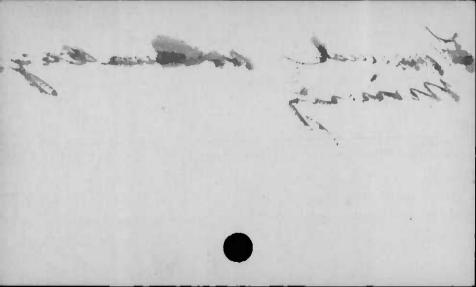
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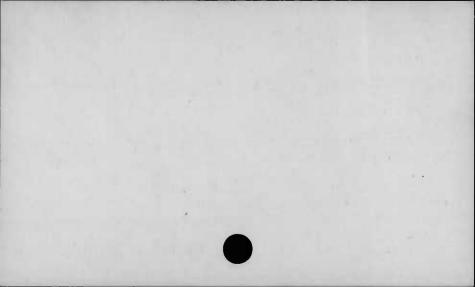
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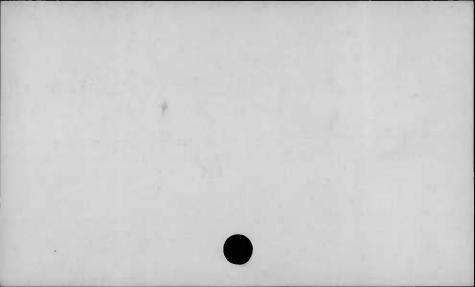
Name In Full Certificate of Death Caroline Louisa Kummer Died at Brighton montgomery Age 80 2 24 Bethleham, Pa Teacher Married Widow Single Widower Fether's John G. Kummer Maiden Name Sarah Hinchcliff Primary Prisumonia OB Fine days Death Immediate Possinionia Assident, Stride, Home Reported by Lophin J. Fratherstone Graduate Murae Address 21 R. Carry St. Balto. med mod. Univ. Hospital Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.



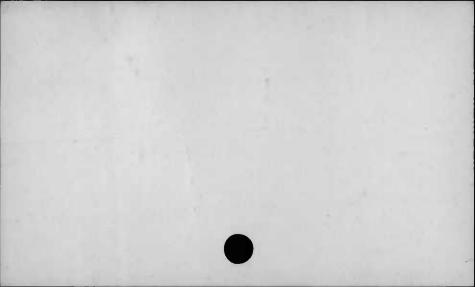
Name in Full Certificate of Death Date 1810 2 White Colored Single Widower Number of children living Husband Wife Father's Mother's Name Cause of Death Accident, Suicide, Henneide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79706



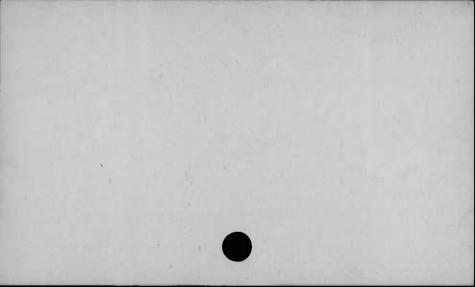
Certificate of Death Name in Full Occupation Wohow Married Golored. Widower Number of children living Female Husband Wife Father's Name How long sick Cause of Death Accident, Suicide, Hamiside Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU. 79708



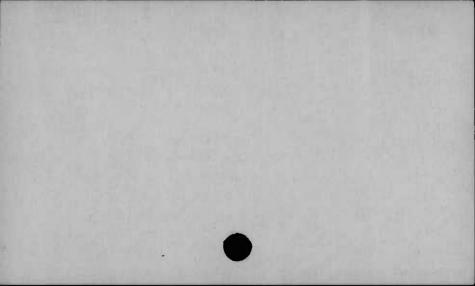
Certificate of Death Name in Full Mary Ellen Newman Died at Browthwille MARYLAND Occupation 6 16 ma Waite Divorced Colored Female Single Widower Number of children living Husband Wife Will hewmon Name Carriet F. Roy Father's Primary The Prifo 10 Immediate Capsillary / Bromeh Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 79705



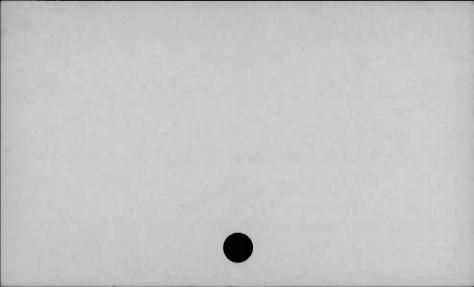
Name in Full Certificate of Death naucie Tertrude Ries noutgoning Date 19 0 2 Married Single Widower Number of children living of It. S. Price Janus Polk Waller Primary Tennor Immediate Chief brit J. F. Wilson lled. Germantina Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Fuli Certificate of Death Town MARYLAND Month Day Native of Occupation Date 189 1902 12 White Married D-vorced-Female Colored Single Widower Number of children living Husband Wife Father's Mother's Name Name How long sick one we Cause of Death Immediate, Accident Suicide, Homicide Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TIBRARY



Name in Full Certificate of Deeth ann Maria Machington Gromantown mulgmen MARYLAND Native of Occupation Feb 22 mo Housewell White Married Widow Divorced -Widower Number of children living Colored Single Saw Washington Army Jackson Maiden Name Primary Cruphedin Immediate Cy Laus hon. Accident, Suicide, Homicide Lacis F. Wilson moulginery Os., Mrs. Germantown, Must be signed by physicien, if eny in attendence, otherwise by coroner, underaker or minister.



Certificate of Death Name in Full Occupation Widow Colored Single Widower Number of children living Husband Wife-Father's Name Cause of Death Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

